OFFICIAL

	CFA-PM-91-4 IGUST 1991	(BPD)	ATTACHMENT 3.1-A Page 1 OMB No.: 0938-	
St	ate/Territory:	Puerto Rico		
AND REM	AMOUNT	, DURATION, AND SCOP D SERVICES PROVIDED	PE OF MEDICAL TO THE CATEGORICALI	Y NEEDY
1. Inpati instit	ient hospital s cution for ment	services other than tal diseases.	those provided in a	ın
Provid	ied: //No li	imitations /X/ Wit	h limitations*	
2.a. Outpat	tient hospital	services.		
Provid	ded: //No limi	itations $\sqrt{\chi'}$	With limitations*	
b. Rural by a r	health clinic cural health cl	services and other linic.	ambulatory services	furnished
\sqrt{X} F	Provided: //	No limitations	\sqrt{X} With limitations	j*
/ N	Not provided.			
ambula an FQH	tory services	health center (FQHC that are covered un ce with section 4231	der the plan and fu	rnished by
<u>/x_/</u> F	Provided: /_/	No limitations	<u>∕</u> ₩ith limitations	;*
section	on 329, 330, or	offered by a health 340 of the Public under 18 years of a	Health Service Act	funds under to a pregnant
<u>/X</u> /	Provided:	No limitations	√XyWith limitations	3 *
3. Other	laboratory and	l x-ray services.		
Provid	led:/ No	limitations \sqrt{X}	ith limitations*	
*Description	provided on at	tachment.		
TN No. 92- Supersedes TN No. 90-	2 Approval Da	ite MAY 1 1992	Effective Date	IAN 1 - 1992
			HCFA ID: 7986E	

Revision: HCFA-PM- 93-5 (MB)

MAY 1993

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	State/Territory: Puerto Rico	
	AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY	
4.a.	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.	
	Provided: No limitations X With limitations*	
4.b.	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*	
4.c.	Family planning services and supplies for individuals of child-bearing age.	:
	Provided: No limitations X With limitations*	:
5.a.	Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.	
	Provided: No limitations X With limitations*	
b.	Medical and surgical services furnished by a dentist (in accordance with section $1905(a)(5)(B)$ of the Act).	į
	Provided: No limitations X With limitations*	
6.	Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.	
a.	Podiatrists' sérvices.	
	Provided: No limitations With limitations*	
	Not Provided	

* Description provided on attachment.

TN No. Approval Date JAN 1 1 1994 Effective Date JUL 1 - 1993 Supersedes TN No. 93-2

Revision: HCFA-PM-91-4 AUGUST 1991

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	Puerto	Rico
ate/Territory:		

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
b. Optometrists' services.
/_/ Provided: // No limitations //With limitations*
\sqrt{X} Not provided.
c. Chiropractors' services.
/_/ Provided: // No limitations //With limitations*
\sqrt{X} Not provided.
d. Other practitioners' services.
Provided: Identified on attached sheet with description of limitations, if any.
\overline{X} Not provided.
7. Home health services.
a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
Provided: //No limitations //With limitations*
b. Home health aide services provided by a home health agency.
Provided: \sqrt{N} 0 limitations \sqrt{N} 7 With limitations*
c. Medical supplies, equipment, and appliances suitable for use in the home.
Provided: \sqrt{N} 0 limitations $\sqrt{\chi}$ /With limitations*
*Description provided on attachment.
TN No. 92-2 Supersedes Approval Date MAY 1 1992 TN No. 85-3 Effective Date JAN 1- 1992

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	State/Territory: Puerto Rico
	AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
d.	Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
	Provided: // No limitations //With limitations*
	$\sqrt{\chi}$ Not provided.
8.	Private duty nursing services.
	Provided: // No limitations //With limitations*
	$\sqrt{\chi}$ Not provided.
_	

*Description provided on attachment.

TN No. 92-2 Supersedes Approval	Date MAY 1 1982	Effective	Date JAN 1 - 1992
Superse Approval TN No. New		HCFA ID:	7986E

MAY 1985

Revision: HCFA-PM-85-3 (BERC)

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9.	Clinic services.			
	/x / Provided: // No limitations	, <u>x</u> /	With	limitations*
	/ / Not provided.			
10.	Dental services.			
	/X / Provided: // No limitations	$\mathbb{Z}_{\underline{X}}$	With	$limitations^{\pi}$
	/_/ Not provided.			
11.	Physical therapy and related services.			
а.	Physical therapy.			
	X/ Provided: // No limitations	\X\	With	limitations*
	/ / Not provided.			
3.)	Occupational therapy			
	. Penyadod: - Do Temekat kome		Qilb	1.18° (1.18°)
	Wat marian			
	services on their situation of greens become any depth of the constraint of the constraint.			
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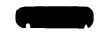
- 12 Frommibed drugs, dentures, and prosthern done of the properties of order to option that the physician skilled in discusses of the transfer option that
 - a Prescribed drugs.

$$X \leftarrow prov_0 ded_1$$
 , in we have a some $X = \Re (p_1 + p_2)$. The provided,

b. Dentures.

. Prostbetic devices.

A grant of the



Revision: HCFA-PM-85-3 (BERC) HAY 1985

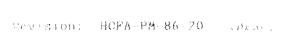
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b .	Scree	ni ng servic	es.					
	/	Provided:		No	limitations	'	With	limitations*
	//	Not provid	led.					
C.	Preve	ntive servi	ces.					
	3.7	Provided:	<u>/</u> /	ИО	limitations	77	With	limitations*
	1 7	Not provid	ied.					
đ.	Rehab	ilitative s	ervice	s.				
	<u> </u>			No	limitations	Z_{-i}	With	limitations*
	/	Not provid	.eđ .					
^4.		ces for ind		ls	age 65 or older in	i žnat	: i tuti	ions for mental
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SEPTEMBER 1986

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a.	insti	mediate care fa tution for ment section 1902(a)	al diseases)	for person	s determine	d, in accordance
	<u></u>	Provided: <u>/</u> /	No limitat	ions	// With 1	imitations*
	<u>/X</u> /	Not provided.				
} } .		ding such servi of) for the men				distinct part ated conditions.
	<u></u>	Provided: 7	No limitat	i ons	ZZZ With I	imitations*
	<u>/X</u> /	Not provided.				
16.	Inpat of ag		c facility s	ervices for	individual	s under 22 years
	£	Provided: //	No limitat	ions	// With 1	imitations*
	/ X	Rat provided.				
	14	The Mark Commence				
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				e · · · ·		
	A _b					



Revision: HCFA-PM-94-7 SEPTEMBER 1994 (MB)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

state/Territory: Puerto Rico
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specified i Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(1 or section 1915(g) of the Act).
Provided: With limitations
X Not provided.
b. Special tuberculosis (TB) related services under section $1902(z)(2)(F)$ the Act.
Provided: With limitations*
$\underline{\chi}$ Not provided.
20. Extended services for pregnant women
a. Pregnancy-related and postpartum services for a 60-day period after to pregnancy ends and any remaining days in the month in which the 60th of falls.
X Additional coverage ++
b. Services for any other medical conditions that may complicate pregnancy.
X .Additional coverage ++
++ Attached is a description of increases in covered services beyone the control of the covered services beyone additional services provided to pregnant women only.
*Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60th day if medically needed.
Services for any other medical
conditions that may complicate pregnancy are provided without limitations.
NOV.
TN No. 95-1 Supersedes Approval Date Effective Date JUL 1-1995 TN No. 94-7

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State/Territory: Puerto Rico
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
 Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).
/_/ Provided: // No limitations // With limitations*
$\frac{\sqrt{\chi}}{\chi}$ Not provided.
 Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
/_/ Provided: // No limitations //With limitations*
/X/ Not provided.
23. Pediatric or family nurse practitioners' services.
Provided: /// No limitations /\vec{X}\With limitations*

 $\star {\tt Description}$ provided on attachment.

TN No. 92-2Supersedes
TN No. 88-3MAY 1 1992 Approval Date Effective Date JAN 1 - 1997

HCFA ID: 7986E